



17712 U.S. PTO

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.: **CM05224EI**

First Inventor: **Nir Corse**

Title: **WIRELESS COMMUNICATION
TERMINAL AND VOLTAGE
CONTROLLED OSCILLATOR THEREFOR**

Express Mail Label No.: **ER466681588US**

APPLICATION ELEMENTS

(see MPEP chapter 600 concerning utility patent application contents)

Mail Stop Patent Application
ADDRESS TO: Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status
See 37 CFR 1.27
3. ☒ Specification [Total Pages 20]
(preferred arrangement set forth below)
-Descriptive title of the invention
-Cross Reference to Related Applications
-Statement Regarding Fed sponsored R & D
-Reference to sequence listing, a table, or computer program listing appendix
-Brief Summary of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claim(s)
-Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
5. Oath or Declaration [Total Sheets 5]
a. ☒ Newly executed (original or copy)
- b. ☐ Copy from prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
name in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large
table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CFR)
- b. ☐ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-4 (2 copies); or
- ii. ☐ Paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☐ 2 Copies of IDS
Statement (IDS)/PT-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☒ Certified Copy of Priority Document
16. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
17. ☒ Other: Copy of Search Report Under
Section 17

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) of prior application No. _____
Prior application information: Examiner: _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	<u>22917</u>	or	<input type="checkbox"/> Correspondence address below
Name	<u>MOTOROLA, INC.</u>		
Address	<u>1303 E. ALGONQUIN ROAD</u>		
City	<u>SCHAUMBURG</u>	State	<u>IL</u>
Country	<u>USA</u>	Telephone	<u>(847) 576-6733</u>
		Fax	<u>(847) 576-0721</u>
Name	<u>Valerie M. Davis</u>	Registration No.	<u>50,203</u>
SIGNATURE	<u>Valerie M. Davis</u>	Date	<u>April 13, 2004</u>

CM05224EI

16834 U.S. PTO

10/823052



FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known			
		Application Number		N/A	
		Filing Date		April 13, 2004	
		First Named Inventor		Nir Corse	
		Examiner Name		N/A	
		Group Art Unit		N/A	
TOTAL AMOUNT OF PAYMENT		\$810.00		Attorney Docket No. CM05224EI	

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																														
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc.					3. ADDITIONAL FEES <table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge – late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge – late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> 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